a pilgrimage from Saskatchewan to Philadelphia caused them to be arrested and jailed at Fort William. Clarke approvingly reports their having been force-fed and anticipates the day when the authorities will have more power to "break up the community system" which supports such immigrant groups.

Clarke dramatizes himself as a prophet who has been harshly and unjustly treated for stating these "truths."[cii] He presents his earlier arguments, like that in the Annual Report of 1907, as disinterested and true but foolhardy for exposing him to "unpleasant controversy," especially the selfishly motivated opposition of politicians who courted and depended on immigrants for votes. He contrasts himself favourably with elected officials whom he characterizes as generally too opportunistic and short-sighted to consider "the future welfare of the community" (462)

Asylum vs. Clinic: Birth of "The Poor Man's Sanatorium"

Clarke's interest in dementia praecox as a disease whose patients would benefit by the "individual approach," and his distaste for the Asylum with its "indiscriminate" population of immigrants and urban poor, are obviously related to his interest in establishing a psychiatric clinic in Toronto, where individuals could be isolated and treated, according to the latest techniques. Although he was still Medical Superintendent of the Toronto Asylum, in a 1907 "Memorandum"[ciii] to the Provincial Secretary entitled "Reasons Why," Clarke dismisses the Asylum as "about to pass away, having outlived its usefulness and being hopelessly situated" (5). He emphasizes the social utility of discovering why so many citizens are unable "to stand the strain, which leads to the wrecking of so many lives." Arguing that if mental disease was as counterproductive, it was also as "definite, as susceptible of treatment" as other diseases, he was obviously thinking of acute as opposed to the chronic cases the Asylum was full of. In the rest of his "Memorandum" Clarke argues on behalf of the asylum, and in its name, for things of obviously greater benefit to the clinic. Duty lies not in alleviating the conditions of the asylums so much as in going where "we are in duty bound to follow" (3), which first means adopting a better system of classification, its object "keeping the acute and chronic separated" (3). Proper clinical work cannot be done "in a so called hospital for the insane [ie., asylum], where acute and chronic cases mingle indiscriminately" (4).